

#3



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/025,977	12/21/2001	Hani Shennib	CATT001

CONFIRMATION NO. 7816

## FORMALITIES LETTER



\*OC000000007395013\*

24353  
BOZICEVIC, FIELD & FRANCIS LLP  
200 MIDDLEFIELD RD  
SUITE 200  
MENLO PARK, CA 94025

Date Mailed: 01/30/2002

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 370 to complete the basic filing fee for a small entity.*
- Total additional claim fee(s) for this application is \$81.
  - \$81 for 9 total claims over 20.
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 516.

*A copy of this notice **MUST** be returned with the reply.*

*B. Habtewold*

Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

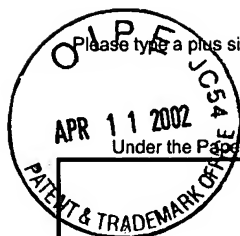
04/12/2002 CCHAU1 00000031 500815 10025977

01 FC:201 370.00 CH  
02 FC:203 81.00 CH  
03 FC:205 65.00 CH

RECEIVED

FEB 08 2002

Bozicevic, Field &amp; Francis



Please type a plus sign (+) inside this box →



04400  
4200  
300

M8/14 #3

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/025,977	
	Filing Date	December 21, 2001	
	First Named Inventor	SHENNIB, HANI	
	Group Art Unit	3738	
	Examiner Name	To Be Assigned	
Total Number of Pages in This Submission	9	Attorney Docket Number	CATT-001

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Copy of Notice to File Missing Parts; Return Receipt Postcard</b>
Remarks		

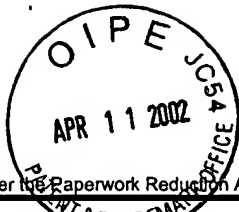
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	CAROL M. LASALLE, Reg. No. 39,740
Signature	
Date	April 1, 2002

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: April 1, 2002.	
Typed or printed name	Kimberly Williams Zuehlke
Signature	
Date	April 1, 2002

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 0;"><i>Patent fees are subject to annual revision.</i></p>		<b>Complete if Known</b>			
		Application Number	10/025,977		
		Filing Date	December 21, 2001		
		First Named Inventor	SHENNIB, HANI		
		Examiner Name	To Be Assigned		
		Group Art Unit	3738		
		Attorney Docket No.	CATT-001		
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$ 516.00)</b>			
METHOD OF PAYMENT		FEE CALCULATION (continued)			
<b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:</b> Deposit Account Number <b>50-0815</b> Deposit Account Name <b>Bozicevic, Field &amp; Francis LLP</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>			
<b>2. <input type="checkbox"/> Payment Enclosed:</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
<b>2. BASIC FILING FEE</b>					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	370.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					370.00
<b>1. EXTRA CLAIM FEES</b>					
		Extra Claims	Fee from below	Fee Paid	
Total Claims 29-20** = 9 x		9	=	81.00	
Indep. Claims 2-3** = 0 x		=	=		
Multiple Dependent		=	=		
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2) \$</b>					<b>81.00</b>
<b>**or number previously paid, if greater; For Reissues, see above.</b>					
		<b>*Reduced by Basic Filing Fee Paid</b>			
		<b>SUBTOTAL (3) (\$ 65.00)</b>			

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Carol M. LaSalle	Registration No. (Attorney/Agent)	39,740	Telephone	(650) 327-3400
Signature		Date	04/01/2002		

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.